

Hypospadias repair

(Hy – po – SPAY – dee –us)

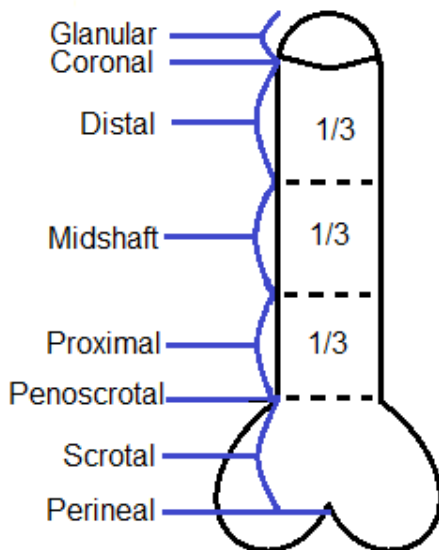
Reading this handout can help you learn about hypospadias, surgery to repair this condition, and how to care for your son after surgery.

Bring this handout to all of your appointments, before and after your son's surgery. This way you can write any additional instructions in one place.

What is hypospadias?

Hypospadias is a common birth defect seen in baby boys.

Urine passes out of the bladder through a tube called the urethra. The urethra usually opens at the tip of the penis. With hypospadias, the opening is out of place and may be found under the penis or near the tip.



Types of hypospadias

What is hypospadias repair?

Hypospadias repair is surgery to correct the placement of the urethral opening and in some cases to straighten the penis. This allows the child to pass urine normally and have normal sexual function. The repair is usually done before age 2. For some children, the repair may require a series of operations. The surgeon will discuss your child's needs and the plans for his surgery.

What happens before surgery?

Your child will have an appointment in the Pre-op Clinic in the Same Day Surgery Unit. A Child Life Specialist and a nurse will help you and your son prepare for surgery. The Anesthesiologist will also see your son. You will be given a checklist of instructions to follow the day before surgery.

On the day of surgery, come to the Same Day Surgery Unit. Your child will change into hospital clothes and walk to the operating room with you.

What happens right after surgery?

Your son will go to the Post Anesthetic Care Unit (PACU) after surgery. In the PACU, your son will be closely monitored until he is fully awake. As soon as possible, the nurse will bring you to the PACU to be with your son.

When your child is fully awake, you and your son will return to the Same Day Surgery Unit or go to the children's ward if your son needs to stay in the hospital. The nurses will continue to check your son's vital signs and incision.

Before taking your son home, the nurses will review how to take care of him as he recovers. Please follow the surgeon's or nurse practitioner's instructions on how to book a follow-up visit in the 2G Pediatric Urology Clinic.

How can I help my son feel more comfortable?

Your son may have some pain after surgery. When he is uncomfortable, he may cry or be fussy or irritable.

- For mild pain, give him children's pain medication such as acetaminophen (Tempra[®] or Tylenol[®]). Follow the directions on the package for his age and weight. We recommend giving acetaminophen regularly for 48 hours. Do not give non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen (Advil[®] or Motrin[®]).
- For stronger pain, use the prescription pain medication (morphine) as prescribed.

If your child has a catheter, he may feel bladder spasms. These sudden pains may make him pull up his legs or grab his penis or bottom. For this type of pain, give him oxybutynin chloride (Ditropan[®]) as prescribed.

Strong pain medications may cause constipation (fewer bowel movements, trouble having a bowel movement, or hard, dry bowel movements). If your child becomes constipated, give a pediatric glycerin suppository or call your family doctor for advice. Your child should have a bowel movement within 2 days after surgery.

How do I take care of the incision?

The incision is closed with stitches (sutures), which dissolve and do not need to be removed. Your child may have a clear dressing (Tegaderm™) over the incision. Do not remove the dressing. It usually falls off within 7 days. Your son may also have a brown dressing (Coban™). Gently remove this dressing 48 hours after surgery. Give your son pain medication 30 to 45 minutes before removing the dressing. After removing the dressing, apply Polysporin® ointment to the penis 3 to 4 times a day for 7 to 10 days as directed.



For more information watch “Removal of the dressing after a hypospadias repair” at:

www.youtube.com/watch?v=9IRM00PEm4s&feature=youtu.be

*There is no need to remove the clear Tegaderm™ dressing as is shown in the video. It is okay if it falls off before your son’s follow-up visit.

The penis, especially the end (glans), may look red, bruised or swollen. After a few days you may see a yellowish covering over the glans. This is not a sign of infection - it is a part of healing. It will clear on its own after several days.

Change diapers often during the next week. Once a day, clean the diaper area (but not the penis) well with mild soap and warm water, and then pat dry. Do not use "baby wipes" on the incision. If the dressing or penis gets dirty from a bowel movement, clean it as well as you can with warm water and soap.

Do not give your son a bath until after his first follow-up visit at the clinic.

Occasionally, you may see blood mixed with urine in the diaper (appears pink). This is not a concern unless it is bright red or continuous.

If there is constant bright red bleeding from the incision, apply firm pressure and call Pediatric Urology (phone number on page 7).

How do I take care of the catheter?

Your child may have a catheter, a tube that drains urine from the bladder. The catheter is held in place with stitches. The catheter drains directly to the diaper.

The catheter is left long and will drain into a second diaper. Your son will wear 2 diapers until the catheter is removed.

If the catheter stops draining urine for longer than 4 hours, your child will have more discomfort or increasing pain. Check for kinks in the catheter and flush with normal saline as directed. If the catheter does not start draining again, call Pediatric Urology.

The catheter will be removed in the clinic 7 to 14 days after surgery. When your child first passes urine after the catheter is removed he may have some pain. This will improve each time he passes urine (pees).



For more information on what to expect when the catheter is removed, watch “Stent removal after a hypospadias repair” at:

www.youtube.com/watch?v=Jlr3W8eteRA&feature=youtu.be

How can I help prevent infection?

The best way to prevent infections is to wash your hands often.

To prevent urinary tract infections due to the catheter, your child needs to take antibiotics for as long as the catheter remains in place.

Please apply Polysporin[®] ointment to the penis at least 4 times a day, for 7 to 10 days as directed.

What may I feed my child after surgery?

It is best to offer your child water first, and then begin to add other fluids such as breastmilk, formula or juice. He should be able to eat and drink as usual within 12 to 24 hours of surgery.

If your child is taking morphine for pain, he could become constipated. Constipation is when bowel movements become dry, hard or difficult to pass. To prevent constipation, have him drink plenty of fluids and eat high fibre foods, such as fruits, vegetables, and whole grain breads and cereals. Drinking lots of fluids can also help prevent a blocked catheter.

What activity can my child do?

Your son can return to most of his daily activities as soon as he feels able. After surgery, your child should avoid the following activities for 3 to 4 weeks:

- swimming
 - any activity that would get dirt onto or near the incision, such as playing in a sand box
 - vigorous or rough activities
 - toys that require your child to straddle or ride
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When does my child need to visit the clinic?

Removing the catheter

- 7 to 14 days after surgery, your son needs an appointment to have the catheter taken out.
- Give your son acetaminophen (Tempra® or Tylenol®) 30 to 60 minutes before this visit.
- Do not give your child Ditropan or Morphine on the day the catheter is removed.

**If you need to make
an appointment,
call the 2G Clinic:**

**905-521-2100
ext 78519**

Follow-up after surgery

- Your son will be assessed in the clinic about 6 weeks after the catheter is removed.

What is considered normal after surgery?

- a small amount of blood in the urine
 - the penis may look red, bruised or swollen at first, but returns to usual size and colour as it heals
 - mild to moderate pain that is relieved with pain medication
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When should I call Pediatric Urology for medical help?

- increasing or severe pain that is not relieved with pain medication
- continuous nausea or vomiting (unable to eat or drink as usual)
- the catheter is blocked
- unable to pass urine within 8 hours of having the catheter removed
- increasing redness, swelling of the penis
- constant bright red bleeding from the incision
- fever, a temperature higher than 38.5° C (101.3° F)

How do I contact Pediatric Urology?

During business hours (Monday to Friday), call McMaster Children's Hospital at 905-521-2100:

- Natasha Brownrigg, Pediatric Urology Nurse Practitioner – ext. 73070
- 2G Pediatric Urology Clinic – ext. 78517 (for appointment information only)
- Pediatric Urology Office – ext. 73777

For urgent issues after hours and on weekends, call Paging at 905-521-5030:

- Ask them to page the Pediatric Urologist-on-call.

If your child is unwell and needs immediate attention:

- Bring your child to the Emergency Department at McMaster Children's Hospital.
- If you live outside Hamilton, take your child to the nearest hospital emergency department.

Other instructions for your child:

Notes

